

# SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE (VIRTUAL MEETINGS FROM MAY 2020 DUE TO CORONAVIRUS)



**Wednesday 27 January 2021**

**10.00 am Microsoft Teams Meeting**

To: The members of the Scrutiny for Policies, Adults and Health Committee  
(virtual meetings from May 2020 due to Coronavirus)

CLlr H Prior-Sankey (Chair), CLlr M Healey (Vice-Chair), CLlr A Bown, CLlr M Caswell, CLlr P Clayton, CLlr CLlr A Govier, CLlr J Lock and CLlr G Verdon

All Somerset County Council Members are invited to attend.

Issued By Scott Wooldridge, Strategic Manager - Governance and Democratic Services - 19 January 2021

For further information about the meeting, please contact Jennie Murphy - JZMurphy@somerset.gov.uk or Julia Jones - jjones@somerset.gov.uk or 07790577232

Guidance about procedures at the meeting follows the printed agenda and is available at (LINK)

This meeting will be open to the public and press, subject to the passing of any resolution under Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

This agenda and the attached reports and background papers are available on request prior to the meeting in large print, Braille, audio tape & disc and can be translated into different languages. They can also be accessed via the council's website on [www.somerset.gov.uk/agendasandpapers](http://www.somerset.gov.uk/agendasandpapers)

**Are you considering how your conversation today and the actions you propose to take contribute towards making Somerset Carbon Neutral by 2030?**



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# AGENDA

Item Scrutiny for Policies, Adults and Health Committee (virtual meetings from May 2020 due to Coronavirus) - 10.00 am Wednesday 27 January 2021

**\*\* Public Guidance notes contained in agenda annexe \*\***

1 **Apologies for Absence**

- to receive Member's apologies.

2 **Declarations of Interest**

Details of all Members' interests in District, Town and Parish Councils can be viewed on the Council Website at [County Councillors membership of Town, City, Parish or District Councils](#) and this will be displayed in the meeting room (Where relevant).

The Statutory Register of Member's Interests can be inspected via request to the Democratic Service Team.

3 **Minutes from the previous meeting held on 12 November 2020** (Pages 5 - 14)

The Committee is asked to confirm the minutes are accurate.

4 **Public Question Time**

The Chair will allow members of the public to ask a question or make a statement about any matter on the agenda for this meeting. **These questions may be taken during the meeting, when the relevant agenda item is considered, at the Chair's discretion.**

5 **Medium Term Financial Plans (MTFP)** (Pages 15 - 22)

To receive the report and discuss the recommendations.

6 **Scrutiny for Policies, Adults and Health Committee Work Programme** (Pages 23 - 24)

To receive an update from the Governance Manager, Scrutiny and discuss any items for the work programme. To assist the discussion, attached are:

- The Committee's work programme
- The Cabinet's forward plan

7 **Any other urgent items of business**

The Chair may raise any items of urgent business.

## Guidance notes for the meeting

### 1. **Inspection of Papers**

Any person wishing to inspect Minutes, reports, or the background papers for any item on the Agenda should contact the Committee Administrator for the meeting – Jennie Murphy on Tel: 01823 359500 or 01823 355529 or Email: [jzmurphy@somerset.gov.uk](mailto:jzmurphy@somerset.gov.uk) or [democraticservices@somerset.gov.uk](mailto:democraticservices@somerset.gov.uk) They can also be accessed via the council's website on [www.somerset.gov.uk/agendasandpapers](http://www.somerset.gov.uk/agendasandpapers)

### 2. **Members' Code of Conduct requirements**

When considering the declaration of interests and their actions as a councillor, Members are reminded of the requirements of the Members' Code of Conduct and the underpinning Principles of Public Life: Honesty; Integrity; Selflessness; Objectivity; Accountability; Openness; Leadership. The Code of Conduct can be viewed at: <http://www.somerset.gov.uk/organisation/key-documents/the-councils-constitution/>

### 3. **Minutes of the Meeting**

Details of the issues discussed and recommendations made at the meeting will be set out in the Minutes, which the Committee will be asked to approve as a correct record at its next meeting.

### 4. **Public Question Time**

**If you wish to speak, please tell Jennie Murphy the Committee's Administrator - by 5pm, 3 clear working days before the meeting (21 January 2021). All Public Questions must directly relate to an item on the Committee's agenda and must be submitted in writing by the deadline.**

**If you require any assistance submitting your question, please contact the Democratic Services Team on 01823 357628.**

At the Chair's invitation you may ask questions and/or make statements or comments about any matter on the Committee's agenda – providing you have given the required notice. You may also present a petition on any matter within the Committee's remit. The length of public question time will be no more than 30 minutes in total.

A slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been signed. However, questions or statements about any matter on the Agenda for this meeting may be taken at the time when each matter is considered.

You must direct your questions and comments through the Chair. You may not take a direct part in the debate. The Chair will decide when public participation is to finish.

If there are many people present at the meeting for one particular item, the Chair may adjourn the meeting to allow views to be expressed more freely. If an item on the Agenda is contentious, with a large number of people attending the meeting, a representative should be nominated to present the views of a group.

An issue will not be deferred just because you cannot be present for the meeting. Remember that the amount of time you speak will be restricted, normally to two minutes only.

## 5. **Exclusion of Press & Public**

If when considering an item on the Agenda, the Committee may consider it appropriate to pass a resolution under Section 100A (4) Schedule 12A of the Local Government Act 1972 that the press and public be excluded from the meeting on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, as defined under the terms of the Act.

## 6. **Recording of meetings**

The Council supports the principles of openness and transparency. It allows filming, recording and taking photographs at its meetings that are open to the public - providing this is done in a non-disruptive manner. Members of the public may use Facebook and Twitter or other forms of social media to report on proceedings and a designated area will be provided for anyone wishing to film part or all of the proceedings. No filming or recording may take place when the press and public are excluded for that part of the meeting. As a matter of courtesy to the public, anyone wishing to film or record proceedings is asked to provide reasonable notice to the Committee Administrator so that the relevant Chair can inform those present at the start of the meeting.

We would ask that, as far as possible, members of the public aren't filmed unless they are playing an active role such as speaking within a meeting and there may be occasions when speaking members of the public request not to be filmed.

The Council will be undertaking audio recording of some of its meetings in County Hall as part of its investigation into a business case for the recording and potential webcasting of meetings in the future.

A copy of the Council's Recording of Meetings Protocol should be on display at the meeting for inspection, alternatively contact the Committee Administrator for the meeting in advance.

### **SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE (VIRTUAL MEETINGS FROM MAY 2020 DUE TO CORONAVIRUS)**

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee (virtual meetings from May 2020 due to Coronavirus) held in the Microsoft Teams Meeting, on Thursday 12 November 2020 at 10.00 am

**Present:** Cllr H Prior-Sankey (Chair), Cllr M Healey (Vice-Chair), Cllr P Clayton, Cllr M Caswell, Cllr Cllr A Govier, Cllr A Bown, Cllr G Verdon and Cllr J Lock (sub)

**Other Members present:** Cllr M Chilcott, Cllr S Coles, Cllr G Frascini, Cllr D Huxtable, Cllr T Munt, Cllr C Paul and Cllr L Redman

**Apologies for absence:** Cllr B Revans

24 **Declarations of Interest** - Agenda Item 1

There were no new declarations.

25 **Minutes from the previous meeting held on 09 September 2020** - Agenda Item 3

The minutes were approved and signed.

26 **Public Question Time** - Agenda Item 4

There were no public questions.

27 **Somerset Safeguarding Adults Board Plan and Annual Report** - Agenda Item 5

The Committee heard a comprehensive presentation summarising the forward plan and annual report of the Somerset Safeguarding Adults Board (SSAB). Keith Perkin, the Independent Chair of the Somerset Safeguarding Adults Board started by thanking Richard Compton; the previous chair of the Board for his dedicated stewardship. The SSAB's role is to have an oversight of safeguarding arrangements within the County, not to deliver services or become involved in the day to day operations of individual organisations, including those of Somerset County Council. The main objective of the SSAB is to seek assurance that local safeguarding arrangements and partner organisations act to help and protect people aged 18 and over who:

- have needs for care and support; and
- are experiencing, or at risk of, abuse, neglect or exploitation; and
- are unable to protect themselves from the risk of, or experience of, abuse or neglect as a result of their care and support needs.

The SSAB is required by The Care Act 2014 to produce and publish an Annual Plan and an Annual Report for each financial year. The SSAB developed a new 3-year strategic plan for 2019-2022 in early 2019, incorporating comments from Scrutiny for Policies, Adults and Health Committee, and this has been refreshed for 2020-21. This refresh was originally due to be considered by the Committee in the spring, but this did not happen due to the Coronavirus Public Health Crisis. As part of the refresh the plan has been amended to reflect the competing demands on partners during the ongoing crisis.

The Board has undertaken an audit challenge for smaller agencies. The focus has been in three areas

- self-neglect,
- people in a position of trust and
- “what to do if it is not Safeguarding” – poor care or Safeguarding.

The Board has a primary drive of being a ‘can do’ organisation with a strong desire to listen and learn through monitoring and sharing both great practice and when things go wrong. The Board decided to publish a practice briefing on the referral of ‘Kevin’. This related to a referral that did not meet the threshold for a Safeguarding Adults Review to be commissioned, but which offered valuable learning that had been identified while considering the referral.

At the start of the first lockdown the Board took a decision to suspend all the sub-groups but the executive continued to meet. That decision did not diminish the commitment to safeguarding arrangements. The annual report is testament to the achievements in what has been a very challenging year. The Committee discussed the report and echoed thanks to Richard Compton and added thanks to Stephen Miles. The Committee was interested to know how children services were included in the Boards model. They were assured that although there was no representative from Children’s Services on the Board there are strong links with partners supporting children.

The Committee asked for clarification on the apparent raise in numbers of DoL’s (Deprivation of Liberty), this year there was a recorded 18% rise. The Committee wanted to know if this rise was in line with the national levels. They were assured that an increase reflects an increase in the number of people being appropriately supported and the more accurate recoding of these interventions. It was agreed that the comparison with national levels would be included in the next published performance data for the Committee

The Committee were also interested in any opportunities for reaching more vulnerable people as a result of the pandemic and the increased awareness of vulnerable groups. It was acknowledged that the pandemic had led to

more groups becoming vulnerable. The Board had decided that the sub-groups would focus on any learning the pandemic offered and this would be reflected in the next annual report.

### **The Somerset Scrutiny for Policies for Adults and Health:**

- **Considered the Somerset Safeguarding Adults Board's 2020/21 Annual Plan and 2019/20 Annual Report,**
- **Noted progress highlights during 2020, and**
- **Committed to continue to promote adult safeguarding across the County Council and in the services that are commissioned.**

## **28 Winter Planning - Presentation - Agenda Item 6**

The Committee were given a presentation on the Adult Social Care Winter Plan. This plan is aligned with the actions required by LA's detailed in the DHSC (Department of Health and Social Care) plan. It also takes the opportunity to highlight additional work that has been undertaken by both the LA and wider system to date, that will continue during the winter period or which it is planned to undertake. The Winter Plan references current and previous work on two related returns, namely the Service Continuity and Care Market Review and the Infection Control Grant. All LA's are required to confirm to the DHSC that they have produced their own Winter Plan by 31/10/2020. This is a condition of the Infection Control Fund extension, which has allocated £ 7,123,388 to Somerset. In addition to this LA's have also been asked to complete a Service Continuity and Care Market Review (SCCMR) and have strict new reporting requirements for the Infection Control Fund.

The Somerset Adult Social Care Winter Plan has been structured around the same themes as the DHSC plan. These are:

- Preventing and controlling the spread of infection in care settings
- Collaboration across health and care services
- Supporting people who receive social care, the workforce, and carers
- Supporting the system

It covers all actions for LAs contained in the DHSC Winter Plan. Some actions are a simple confirmation, for example that the Infection Control Fund allocation has been distributed. Others contain more detailed information on the actions we have taken, will continue or plan to take.

In pulling together the plan there were three areas of concern: -

- (i) Care Provider workforce,
- (ii) Increase in volume and level of dependency of those who require support and

(iii) Mental Health demand.

The Committee heard that this coming winter period is likely to be extremely challenging for the entire system. While Somerset has, to date, seen relatively low number of Coronavirus cases the numbers are rising. Coupled with normal winter pressures it is expected the system will experience unprecedented levels of stress if current trends continue. The care provider workforce, as with many other Local Authorities, is fragile – it can be normally be affected by things such as school holidays, caring responsibilities and poor wages. The mitigations include a relaunch of the “Proud to Care” recruitment drive. All this is heightened by isolating, shielding and Covid related sickness during the pandemic. Somerset is seeing an increase in contacts to social care but also a change in presentation and an increase in complexity (and therefore cost), particularly in relation to the care of people with dementia. There is a recognition of the fragility of people’s mental health and there is evidence starting to come through of the impacts on this on those of all ages.

The Infection Control Fund is an additional £7.1 million to support providers and care homes to reduce the risk of infections being acquired and transmitted. To secure each tranche of this fund it is necessary to comply with regular reporting on a monthly basis. It equates to £677 per bed in a care home and £143 per homecare patient.

The Committee discussed the presentation and welcomed the detail contained in the published Winter Plan. The current policy on visiting Care Homes was raised and the most up to date information was shared. Clearly this is a flexible policy and reflects the risks and state of infection in each Care Home. Some may be able to offer greater access than others depending on the type of residents, the physical arrangements in place and whether or not Covid 19 is present. Each home is RAG rated depending on its current position, but the underlying aim is to keep visiting open if it is possible. Care Homes have used some of the Infection Control fund to create facilities to allow visiting (screens, heated outside space etc). Should a Care Home have Covid 19 present then it will be closed to visiting as that is the right thing to do.

The Committee asked whether the Infection Control Fund was ringfenced and was assured it was. It was explained that 80% of the fund was spend on prescribed activities but the remaining 20% could be spent more flexibly and it is this flexible element that is being used to introduce innovations that allow more visiting.

The Committee welcomed the breadth of the report and asked if consideration could be given to raising scam awareness in the most vulnerable as this has increased during the pandemic as criminals have increased targeting of vulnerable people.

**The Somerset Scrutiny for Policies Adults and Heath Committee:**



- **considered the Adult Social Care Winter Plan for Somerset,**
- **supported the actions contained in the Adult Social Care Winter Plan for Somerset and**
- **noted the risks to the system during the coming winter period.**

## 29 **Scrutiny Review - Presentation** - Agenda Item 7

The Committee had a presentation giving an update on the Scrutiny Review that started in 2018. A Peer Challenge identified that a review of scrutiny function was required in order to make it more effective, ensure all councillors are equipped to play an active role and contribute to policy making and key decisions and governance arrangements need to reflect this. There were eleven recommendations and the Committee were given the following update on the status of each: -

- **Recommendation 1 Completed** A Scrutiny review has been completed by the nationally renowned Centre for Public Scrutiny and their report and 11 recommendations were agreed by Full Council in January 2020.
- **Recommendation 2. Partially completed.** Reduction in number of Committee meetings planned from March 2020, however plan has had to be amended due to Committee's expectation of public monthly Coronavirus updates. Changed ways of working has also led to delays in increasing Task and Finish Groups, although 2 recent T&F Groups have proved successful, especially the Schools Exclusion focused work, which resulted in Cabinet welcoming and agreeing all recommendations proposed. Have run informal workshops - next one scheduled for 7th October, a joint workshop between adults and children's scrutiny committees.
- **Recommendation 3. Partially completed.** Some Cabinet members have now started presenting reports at Scrutiny Committee meetings, with support from senior officers although further work to be done.
- **Recommendation 4. Completed.** As far as we are aware the political pre-meetings have ceased.
- **Recommendation 5. Partially completed.** In terms of work planning and agenda setting, there is a more stringent approach to information reports on all agendas, however pandemic has made this more challenging. Further tweaks are required to new information sharing process with Committee's between meetings in order to free up further agenda time for key considerations.
- **Recommendation 6. Completed.** All agendas now have a maximum of four main items of business. Between October and March 2021 the aim is to reduce the average to three.
- **Recommendation 7.** New Scrutiny work programme methodology to be drafted and agreed with 3 Scrutiny Chairs, relevant Cabinet Members

and lead director by the end of October 2020, for implementation in November cycle. Intention is to maintain a standardised approach across all 3 Committees.

- **Recommendation 8. Partially completed.** This had been implemented prior to introduction of virtual meetings, however this will need revising once formal meetings are resumed in County Hall and as we work towards a hybrid meeting solution.
- **Recommendation 9. Partially completed.** All agendas provide a public question slot and virtual meetings mean the meetings are far more accessible to the public. Work still to be done on increasing wider public engagement and input. Research has been completed with other Authorities to establish alternative ways of working. The newly recruited Scrutiny Officer will be tasked with embedding new practice.
- **Recommendation 10.** Member training and specifically scrutiny training is an area of work that the Democratic Services have had to reduce due to capacity pressures and the pandemic, however with the recruitment of new staff with training expertise, this is a priority area for the team in autumn 2020 and during much of 2020 the training focus for Members has for necessity been IT specific.
- **Recommendation 11. Partially completed.** Similar to update above, however research has been completed by the team on Chairs' training programmes being run virtually, which will be shared to all six Chairs and Vice Chairs by end of September, supplemented by further support from the Centre for Public Scrutiny. This support will also provide for further training and support for all Scrutiny Committee members. It is worth noting that the level of Chairing has considerably improved during the virtual process and the adaptability of all three Chairs has been impressive.

The next steps are further work on recommendation five, seven and ten during the winter of 2020 with a further update to the Scrutiny Committees.

Recommendation eleven proposes some training and until recently there was not the capacity in Democratic Services to undertake this but with the recent addition of a This update is to be discussed at Full Council on 18 November 2020.

The Committee discussed the presentation and raised the question of public participation in scrutiny meetings. It was recognised that since the introduction of virtual meetings there has been a marked reduction in the number of public questions and attendance. The Committee acknowledged that progress had been made in relation to clarity around the roles on Scrutiny Committees making it clearer for members of the public to be able to identify the members of Committees and Officers supporting.

#### **The Somerset Scrutiny for Policies Adults and Health: -**

- **Welcomed the update and welcomed the proposed additional planned work over the winter.**

## 30 **Devon Doctors Out of Hours - report** - Agenda Item 8

The Committee had a report on the Integrated Urgent Care Service provided by Devon Doctors Limited. Devon Doctors Limited is a social enterprise group which is run by healthcare professionals and reportable to a board of directors. The organisation does not have any stakeholders and is a non-profit organisation. Meddcare Somerset, a trading name of Devon Doctors Limited, is the provider of Somerset's Integrated Urgent Care Service. The Integrated Urgent Care Clinical Assessment Service delivers a "consult and complete" model of urgent care access that streamlines and improves patient care across the urgent care system. Patients will receive a complete episode of care concluding with either: advice, a prescription, or an appointment for further assessment or treatment.

In July 2020, the Care Quality Commission (CQC) carried out an announced focussed inspection of the service which resulted in the application of urgent conditions to the provider registration of Devon Doctors Limited. The Care Quality Commission Report was published on 14 September 2020 and noted some Requirement Notices relating to regulations that had not been met. The Care Quality Commission took account of the exceptional circumstances arising as a result of the Covid-19 pandemic when considering what type of inspection was necessary and proportionate.

The report has resulted in plans to improve the out of hours service, improve governance and improve safety. This inspection has resulted in a drive to change the service and the Committee were invited to give feedback. The Committee were given some examples of improvements that have been put in place: -

- (i) **Introduction of comfort calling.** Comfort calling is a safety mechanism whereby patients who breach the time of their allocated call back are given a call by the Clinical Assessment Service to ensure the condition has not worsened.
- (ii) **Introduction of an Integrated Urgent Care Service Lead Clinician.** Clinical cases enter the Somerset Integrated Urgent Care Service clinical queues from multiple sources, including NHS 111; healthcare professional direct lines; and repeat prescriptions. The newly created role of Lead Integrated Urgent Care Service Clinician plays a critical role in monitoring clinical queues, both to ensure that cases are correctly prioritised and also that response times are appropriate and based on clinical acuity.
- (iii) **Clinical Recruitment Plan.** Devon Doctors Limited has produced a Clinical Recruitment Plan to support recruitment of clinicians into the service, including GPs. Somerset Clinical Commissioning Group provided feedback from clinicians as to the 'front end' aspect of the process, which Devon Doctors Limited immediately incorporated into its recruitment process.

- (iv) **Change in Performance Metrics.** Both Somerset and Devon Clinical Commissioning Groups have worked with Devon Doctors Limited to review the performance metrics within the existing contracts to bring them into line with current requirements.
- (v) **Performance Improvement.** Devon Doctors Limited's 'Care Quality Commission Improvement Plan' includes measures to improve performance for Integrated Urgent Care Clinical Assessment Service triage and face to face (treatment centre and home visit) activity.
- (vi) **Clinical Governance structure changes.** Internal changes within the organisation have taken place with regards to clinical governance. Both Somerset and Devon Clinical Commissioning Groups' Quality Teams are also attending internal meetings within governance changes.the organisation to observe implementation of proposed clinical

None of these improvements have been done in isolations there has been collaborative working. Staffing levels have been a challenge and turnover was high. The CQC report and findings was a disappointment but the changes introduced will deliver a better service.

The Committee discussed the report and asked why is took such a challenging report to introduce these changes as the service must have been aware of failings. It was recognised that the previous leadership arrangements were not open to learning but that has changed. The Committee asked about staffing levels as it was recorded that sometimes rotas were significantly unfilled. It was recognised that it is a struggle but that at peak times the rota is filled at between 80 and 95%. The struggle to get qualified GP's and other clinicians is nationwide. The drive to upskill healthcare professionals is gaining pace with more nurse practitioners and paramedics getting qualified.

#### **The Somerset Scrutiny for Policies Adults and Health:**

- **Welcome the candour of the presentation and the changes that have already been made,**
- **Agreed to promote careers in the Care Sector on the widest basis and**
- **Agreed to keep this on the Work Programme for an update on progress in 6 months' time.**

#### **31 Scrutiny for Policies, Adults and Health Committee Work Programme - Agenda Item 9**

The Committee was invited to make suggestions for items to be included in the Work Programme. The Committee agreed that the proposed timing for the

feedback from the workshop in October should be brought forward as the proposed date was too far away from the actual event. It was agreed that it might be appropriate to have written feedback circulated to all Councillors and made available to the public in the New Year.

The Committee considered and noted the Council's Forward Plan of proposed key decisions in forthcoming months including Cabinet meetings up to date.

**32 Any other urgent items of business - Agenda Item 10**

There were no other items of business.

**(The meeting ended at 12.14 pm)**

**CHAIR**

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Somerset County Council

Scrutiny for Policies, Adults and Health Committee

27th January 2021

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## Medium Term Financial Plan for Adults and Health Services

Lead Officer: Jason Vaughan

Author: Jason Vaughan

Contact Details: jzvaughan@somerset.gov.uk

Cabinet Member: Cllr Mandy Chilcott

Division and Local Member: All

### **1. Summary**

This report summarises the key areas of specific interest within the Medium-Term Financial Plan to the Scrutiny Committee for Adults and Health. It outlines the key points that were included within the report made to Cabinet on the 20<sup>th</sup> January 2021. It includes an overall narrative from the Directors of Adults Services and Public Health Services to provide assurances around the changes made to funding and spend. A review of this detail through Scrutiny will be presented as part of the overall challenge and assurance process to Cabinet on the 8<sup>th</sup> February and Council on the 20<sup>th</sup> February in setting the final budget for 2021/22.

The MTFP will link pressures, growth, and savings to the delivery of the Council's key priorities within the Council's vision to create:

- A thriving and productive County that is ambitious, confident and focussed on improving people's lives;
- A county of resilient, well-connected and compassionate communities working to reduce inequalities;
- A county where all partners actively work together for the benefit of residents, communities and businesses and the environment, and;
- A county that provides the right information, advice and guidance to enable residents to help themselves and targets support to those who need it most.

### **2. Issues for consideration / Recommendations**

The Committee is requested to consider the proposed budget for 2021/22 and indicative budgets for 2022/23 and 2023/24 for Adults and Public Health Services budgets. The Committee is asked to review specific proposals for changes from previous years, so that they can comment on them, offer assurance to Cabinet and/or identify any matters for consideration that they would like to highlight to the Cabinet.

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### 3. Background

Preparations for the 2021/22 budget were reported to Cabinet in December 2020 and highlighted the unique difficulty with producing the 2021/22 budget against the backdrop of the Covid-19 pandemic and the significant uncertainty that it brings. Uncertainty around Government funding and the review of Fairer Funding and Business Rates has been delayed. In addition to this the Comprehensive Spending Review was delayed and only one year of funding was announced which continues the uncertainty for funding in future years.

The full report and Appendices were presented to Cabinet on the 20<sup>th</sup> January 2021.

### 4. Adult Services

With this in mind the proposed budget for 2021/22 Adult Services and projections for a further two years is shown below:

**Table 1: Proposed and Indicative Budgets for Adult's Services**

<b>Adult's Services</b>	<b>Proposed Budget 2021/22 £m</b>	<b>Indicative Budget 2022/23 £m</b>	<b>Indicative Budget 2023/24 £m</b>
<b>Adult Social Care Operations</b>	75.583	76.643	77.745
<b>Mental Health</b>	19.709	20.902	22.094
<b>Learning Disabilities</b>	87.330	90.037	92.258
<b>Commissioning</b>	-41.030	-37.010	-32.791
<b>Total</b>	<b>141.592</b>	<b>150.573</b>	<b>159.305</b>

The following table shows the breakdown of the changes between 2020/21 and 2021/22:

**Table 2: Changes to the Adult's Services Budget**

<b>Adults Services</b>	<b>£m</b>	<b>£m</b>
<b>2020/21 Original Budget</b>		<b>126.290</b>
<b>Permanent Virements</b>		<b>5.128</b>
<b>Base Budget</b>		<b>131.418</b>
Additional Funding Requirements:		
To be negotiated	5.505	
Demographic and other Demand Increases	6.342	
Other Funding Requirements	0.107	
<b>Total Additional Funding Requirements</b>		<b>11.953</b>

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<b>Efficiencies Previously Agreed</b>	<b>(0.112)</b>
<b>New Efficiency Proposals</b>	<b>(1.667)</b>
<b>2021/22 Proposed Budget</b>	<b>141.592</b>
<b>Change £m</b>	<b>10.174</b>
<b>Change %</b>	<b>7.74%</b>

The draft proposals recognise the importance of the Adult Services and the budget adds further investment of c£10.2m dependent on fee negotiation which is a 7.74% increase into this key frontline service. This recognises additional demand pressures especially within mental health which is showing as an overspend within the latest budget monitoring report. Predicting future years' demand is always difficult and Covid-19 has further increased this difficulty. One of the key challenges around this is identifying what is on-going demand and what is temporary demand. The budget proposals have therefore tried to strike the balance between the two and to ensure the budget proposals are robust. In addition to the £6m Contingency budget it is proposed that £10.8m of the Tranche 5 Covid-19 funding, announced as part of provisional Finance Settlement, is put into a specific Covid-19 Reserve to deal with any once off costs in 2021/22.

Inflation includes contractual inflation for the Discovery contract as well as an allocation for the care provider market and personal budgets. Pay inflation has been included at 1% but is subject to change following the announcement of a national pay freeze and pending local negotiations.

The anticipated demographic growth in support required across the service has been calculated using Office for National Statistics population data and trends from previous years. As noted above the growth in demand for Mental Health services is a big pressure on the Adults budget.

The other funding requirements is a technical adjustment of £0.107m for the Local Assistance Scheme. This has previously been funded from corporate contingency and will now form part of the Adults base budget.

New Transformation, Savings and Income Generation Proposals include:

**Table 3: New Transformation, Savings and Income Generation Proposals for Approval and Existing Plans Already Approved**

Name of Proposal	Description	2021/22	2022/23	2023/24	New/ Existing
		£m	£m	£m	
Independent Living Accommodation Solutions	Capital investment in new forms of accommodation both owned by us (with rental income) and in partnership with others. Linked to a capital bid this would provide different accommodation options to those currently available in our housing and provider market.	0.000	(0.578)	(0.500)	New
Savings from new Intermediate Care Model	Savings from new Intermediate Care Model working jointly with NHS.	(0.600)	0.000	0.000	New
Staff Efficiency	Savings from staffing efficiencies due to remodelling of service delivery.	(0.300)	0.000	0.000	New
New Ways of Working/establishment Control	Savings in travel, printing, and venue hire.	(0.067)	0.000	0.000	New
Reduced Transport Costs	Reduced Transport Costs reflecting	(0.300)	0.000	0.000	New

[Type here]

	different models of care and support including day-care support closer to home or in the community.				
Employment Support	Joining up employment support services with DWP and changing the Discovery contract for employment support aligned with the transport and day service modernisation.	(0.400)	0.000	0.000	New
Community focused redesign	Community focused redesign	(0.050)	(0.050)	(0.025)	Existing
Digital FAB	Digital FAB	(0.062)	0.000	0.000	Existing
		<b>(1.779)</b>	<b>(0.628)</b>	<b>(0.525)</b>	

New transformation, savings, and income generation plans for 2021/22 include £0.600m planned reduction in residential placements as a result of joint working with the National Health Service (NHS) through the Intermediate Care Model. There are also £0.300m savings from staffing efficiencies due to remodelling of service delivery, and £0.067m from new ways of working adopted during the pandemic and assumed to continue an ongoing basis. There will also be a review of Day Service provision within Learning Disabilities which will reduce transport costs by £0.300m, and a review of the employment support contract with Discovery which will produce £0.400m of efficiencies.

Equalities Impact Assessments for the new proposals are still currently being reviewed and assessed. These will be completed before any final decisions can be made.

There are a number of grants embedded within the Adults' Services budget as follows:

#### **Table 4 – Grants**

[Type here]

<b>Grant/Fund</b>	<b>2021/22 £'m</b>
Improved Better Care Fund	22.685
Better Care Fund	13.890
War Pension Disregard	0.248
Independent Living Fund Grant	1.193

## 5. Public Health

The proposed general fund budget for 2021/22 Public Health Services and projections for a further two years is shown below:

**Table 5 – Proposed and Indicative Budgets for Public Health Services**

<b>Public Health</b>	<b>Proposed Budget 2021/22 £m</b>	<b>Indicative Budget 2022/23 £m</b>	<b>Indicative Budget 2023/24 £m</b>
Public Health	1.411	1.421	1.429

The following table shows the breakdown of the changes between 2020/21 and 2021/22:

**Table 6: Changes to the Public Health Services Budget**

<b>Public Health</b>	<b>£m</b>	<b>£m</b>
<b>2020/21 Original Budget</b>		<b>2.097</b>
Removal of budgets for once off 2020/21 projects		(0.692)
<b>2020/21 Adjusted Budget</b>		<b>1.405</b>
<b>Additional Funding Requirements:</b>		
Inflation (Contractual, General, and Pay)	0.006	
<b>Total Additional Funding Requirements</b>		<b>0.006</b>
<b>2021/22 Proposed Budget</b>		<b>1.411</b>
<b>Change £m</b>		<b>0.006</b>
<b>Change %</b>		<b>0.41%</b>

The removal of one-off budget relates to funding that was taken from reserves for 2020/21 to fund an I.T. system, Neighbourhoods and the Prevention Programme. Some of this activity was paused due to the Covid-19 response but will have an ongoing health benefit once completed.

Pay inflation has been included at 1% but is subject to change following the announcement of a national pay freeze and pending local negotiations.

The core Public Health Service is financed through a ring-fenced grant. This is expected to be £21m in 2021/22.

## 6. Capital Programme

New capital bids include the following:

**Table 7 – New Capital Bids**

SCC Service Area	Description of Bids/ Projects within each area	2021/22 £m	2022/23 £m	2023/24 £m	Total £m
Adults	Adults Residential Investment	2.116	1.000		<b>3.116</b>
<b>TOTAL</b>		<b>2.116</b>	<b>1.000</b>		<b>3.116</b>

### Financed by:

	2021/22 £'m	2022/23 £'m	2023/24 £'m	Total £'m
Borrowing	2.116	1.000		3.116
<b>TOTAL</b>	<b>2.116</b>	<b>1.000</b>		<b>3.116</b>

The capital proposal has been developed in partnership between Adults Social Care and Corporate Property to support the developing strategy for Adults residential accommodation. Under the Corporate Landlord Model, Corporate Property are leading on the infrastructure element to support the Service's strategy.

This proposal comprises several different components to ensure adequate and appropriate adults' residential provision in Somerset. The investment will help to deliver:

- An extra Care housing scheme;
- A specialist supported living scheme;
- 2 x 4 bed homes to support people with complex needs;
- Bringing back into use a number of existing residential units at the Six Acres site in Taunton.

The extra care and supported living schemes would be delivered through investment in housing association residential developments, which would secure placements on a long-term basis. The homes to support people with complex needs would either be purchased or built and would mitigate the need for placements which at present are solely reliant on third party providers which can be at significant cost or distances out of county. The properties at Six Acres require some work to bring them into use to provide additional complex needs and emergency accommodation.

[Type here]

## **7. Consultations undertaken**

Any proposals requiring consultation will not proceed until that consultation has been completed.

## **8. Implications**

Financial implications have been outlined within this report.

## **9. Background papers**

MTFP Report to Cabinet in December 2020

**Note** For sight of individual background papers please contact the report author

## Scrutiny for Adults and Health Work Programme – 2021

Agenda item	Meeting Date	Details and Lead Officer
	<b>27 January 2021</b>	
MTFP		Jason Vaughan / Mel Lock
	<b>03 March 2021</b>	
Services that have stopped or changed & Covid Update Intermediate Care Services (Hospital avoidance and discharge) Integrated Care System Neighbourhoods and Communities		CCG Mel Lock Mel Lock Tim Baverstock
	<b>09 June</b>	
Feedback from Workshop in October LD Update		Tim Baverstock
	<b>07 July (workshop)</b>	
	<b>08 September 2021</b>	
	<b>06 October 2021</b>	
	<b>03 November 2021</b>	

ITEMS TO BE ADDED TO AGENDA:

Deprivation of Liberty Safeguarding (awaiting legislation)

**Note:** Members of the Scrutiny Committee and all other Members of Somerset County Council are invited to contribute items for inclusion in the work programme. Please contact Julia Jones, Democratic Services Team Leader, who will assist you in submitting your item. [jjones@somerset.gov.uk](mailto:jjones@somerset.gov.uk) 01823 355059 or the Clerk Jennie Murphy on [jzmurphy@somerset.gov.uk](mailto:jzmurphy@somerset.gov.uk)